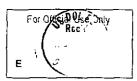
U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1, File Number U - 130/5

3. Name and address of person filing.

Name WAltex M SEIFKIED

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 04 Through: 12/31/04

Name PAINTERS DISTRICT Council 711

on 8/11/05 609-653-4433

4. Name, file number, and address of labor organization.

		Labor Organization File Numb	per 530442	
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any	
Street 2116 OCEAN HEIGHTS ANE		Street 2116 OCEAN	Street 2116 OCEAN HEIGHTS AVE	
City & HT		city EHT		
State N.J.	ZIP Code + 4 08 2 3	State NJ	ZIP Code +4 0 \$7 3 34	
5. Position in labor organi.	BUSINESS REP.			
Enter appropriate dat	a below If, during the past fiscal year, you or (except as specified in	your spouse or minor child directly or indir the exclusions set forth in the instructions):		
	engaged in transactions (:ncluding loans) n employer whose employees your org			
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transacti	7.a. Nature of Interest, Transaction, or Income.	
   Name 				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
		7.b, Amount.		
Street				
City				
State	ZIP Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Street City State ZIP Code + 4 14.b. Amount of payment 13.b. Is the Business an Employer or Consultant Form LM-30 (2003)